

In addition, on December 16, 1996, the Postal Rate Commission [PRC] declared that the USPS' packaging service, Pack and Send, is subject to the PRC's ratemaking. In its decision, the PRC found that "the Pack & Send service is 'postal' in character, and that establishment of the service and recommendations concerning its fees are functions that the Postal Reorganization Act contemplates to be within the jurisdiction of the Postal Rate Commission." The USPS must now either discontinue the service or submit the service for a rate with the PRC.

Under our bill, the USPS will return to focusing on the core services that it was offering as of January 1, 1994. This is a reasonable approach to protecting jobs and satisfying American consumers seeking postal services. I encourage my colleagues to join me in cosponsoring Mr. HUNTER's legislation.

COMPREHENSIVE PREVENTIVE  
HEALTH AND PROMOTION ACT  
OF 1997

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 7, 1997*

Mr. GILMAN. Mr. Speaker, we are all aware of rising health care costs and reports of abuses by private health insurance companies. The United States spends far more per capita on health care than any other major nation; according to 1993 estimates, national health expenditures totaled \$884 billion, or 13.4 percent of the gross domestic product [GDP]. Projections on health care expenditures indicate that consumer spending for health services will exceed 18 percent of GDP in the year 2000.

As health care costs continue to climb, insurance carriers have increasingly used experience ratings and underwriting practices to reduce their expenses. This has caused insurance companies to compete for business based on risk selection rather than on efficiency or service to the customer. Essentially, insurers find themselves competing for the healthiest, lowest-cost groups—a situation that leaves individuals, small businesses, families, and high-risk groups searching for affordable, accessible health insurance.

Making matters worse are reports which continue to surface describing practices by HMO's which restrict patients access to quality health care. Examples include health plan restrictions governing their relationships with providers, limiting consumer access, and failing to cover or offer adequate preventive health care.

Accordingly, I rise today to introduce legislation which will help produce a healthier Nation. This measure will cover individuals for periodic health exams, as well as counseling and immunizations.

The Comprehensive Preventive Health and Promotion Act of 1997 will direct the Secretary of Health and Human Services [HHS] to establish a schedule of preventive health care services and to provide for coverage of these services under private health insurance plans and health benefit programs of the Federal Government.

More specifically, the Secretary of HHS, in consultation with representatives of the major

health care groups, will establish a schedule of recommended preventive health care services. The list of preventive services will follow the guidelines published in "The Guide to Clinical Preventive Services" and "The Year 2000 Health Objectives." The preventive services will cover periodic health exams, health screening, counseling, immunizations, and health promotion. These services will be specified for both males and females, and for specific age groups.

Additionally, HHS will publish and disseminate information on the benefits of practicing preventive health care, the importance of undergoing periodic health examinations, and the need to establish and maintain a family medical history for businesses, providers of health care services, and other appropriate groups and individuals.

Moreover, prevention and health promotion workshops will be established for corporations and businesses, as well as for the Federal Government. A wellness program will be established to make grants over a 5-year period to 300 eligible employers to establish and conduct on-site workshops on health care promotion for employees. The wellness workshops can include: counseling on nutrition and weight management, clinical sessions on avoiding back injury, programs on smoking cessation, and information on stress management.

Finally, my legislation directs HHS to set up a demonstration project which will go to 50 counties over a 5-year period to provide preventive health care services at health clinics. This program will cover preventive health care services for all children, adults under a certain income level. If above the determined income level, fees will be based on a sliding scale. Additionally, the project will entail both urban and rural areas in different regions of our Nation to educate the public on the benefits of practicing preventive health care, the need for periodic health exams, and the need for establishing a medical history, as well as providing services.

Mr. Speaker, we can all agree that our current health care system needs to be improved, and our Nation needs to become healthier. Experts have concluded that practicing preventive health care does work, and will produce a healthier Nation. Although there is a consensus on the benefits of practicing preventive health care, only approximately 20 percent of health insurance companies offer coverage for periodic health exams.

Accordingly, to all my colleagues who share my concern regarding the importance of producing a healthier Nation, I invite and urge you to cosponsor this measure, sending a clear message to our Nation's citizens that Congress is taking significant steps to improve our Nation's health care system.

REFORM OF THE FEDERAL BLACK  
LUNG PROGRAM

HON. NICK J. RAHALL II

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 7, 1997*

Mr. RAHALL. Mr. Speaker, today, I am reintroducing legislation that I have sponsored for several Congresses now to form the Federal Black Lung Program.

This legislation reflects the frustration of thousands of miners and their families with the extremely adversarial nature of the current program as administered by the Labor Department.

As it now stands, disabled miners who suffer from the crippling effects of black lung disease are faced with the Federal bureaucracy so totally lacking in compassion to their plight, that it appears intent upon harassing their efforts to obtain just compensation at every single step of the claim adjudication process.

In fact, today we are witnessing less than a 10-percent approval rate on claims for black lung benefits.

This figure does not attest to any reasonable and unbiased comportment of the facts.

Rather, it represents nothing less than a cruel hoax being perpetrated against hard-working citizens who have dedicated their lives to the energy security and economic well being of this Nation.

The original intent of Congress in enacting legislation to compensate victims of black lung disease was for this to be a fairly straightforward program. This intent has been defeated by years of administrative maneuverings aggravated by some extremely harmful judicial interpretations. Under this bill, we will return to a program that reflects the statutory commitment Congress, and indeed, the Nation, made to compensate these coal miners and their families.

Make no mistake about it. Victims of black lung disease are not people who are looking for a handout.

They are people who worked their lives in one of the most dangerous occupations in this country.

They are people who were promised compensation by their Government. And they are people who now see their Government break that promise.

It is time, indeed, long past the time that Congress move legislation on behalf of the thousands of miners, their widows, and families who are being victimized by this program, the very program that was intended to bring them relief.

In general, this measure contains the following proposals:

I. New Eligibility Standards: A miner would be presumed to be totally disabled by black lung if the miner presents a single piece of qualifying medical evidence such as a positive x ray, ventilatory or blood gas studies, or a medical opinion. The Secretary of Labor could rebut the presumption of eligibility only if he can show that the miner is doing coal mine work or could actually do coal mine work.

II. Application of New Eligibility Standards: The new standards would apply to all claims filed after enactment of the Black Lung Benefits Act of 1991. All pending claims, and claims denied prior to enactment of the Black Lung Benefits Act of 1991 would be reviewed under the new standards.

III. Elimination of Responsible Operators: All claims would be paid out of the coal industry financed Black Lung Disability Trust Fund. The purpose of this provision is to eliminate coal operators as defendants in black lung cases and the advantage they have over claimants by being able to afford to pay legal counsel.

IV. Widows/Dependents: A widow or dependent of a miner would be awarded benefits if the miner worked 25 years or more in the mines; the miner died in whole or in part from